(2)
C.A - In service

ANNEXURE - III

(Non-Judicial Stamped paper for ₹. 100/-)

(FOR ALL CANDIDATES)

I, Dr..... selected for Post Graduate Dental Degree/Diploma for the year 2026-27 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to the Dr. NTR University of Health Sciences a sum of ₹.3,00,000/- and refund the amount received as stipend up to that date to Government and I will be barred from applying for Post Graduate (Dental) Degree/Diploma course in Andhra Pradesh for three years of NEET PG Counselling from the date of this order

Date : Signature of the Candidate

Witness :

1. Signature :
   Name and address in full

2. Signature :
   Name and address in full

In-service

ANNEXURE- IV A

SELF DECLARATION BY INSERVICE CANDIDATES

I, Dr._____ Son/Daughter of _____ is in service and working as _____ under the administrative control of _____ I have put up the following service as on _____.

1) Tribal Service - Years : Months Days

2) Rural Service - Years : Months Days

3) Continuous Regular Service - Years : Months Days

I do hereby declare that I do not have any Post Graduate (Medical) Degree or Diploma / I have a post graduate (Medical) degree/Diploma in ..... (Specify the subject). I satisfy the definition of "In service candidate" as per sub-rule (2) of Rule 3 of **G.O.Ms.No.85 HM&FW(C1) Dept., dt.20-07-2024, G.O.Ms.No.127, dt.01-10-2024 & G.O.Ms.No.99, dt.18-08-2025.** My Date of Birth is _____ and I will be having a leftover service of _____as on **01-07-2026** to be eligible for deputation as In-service candidate. If this declaration is found to be incorrect and false, I am liable for action for submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Date: Signature of the candidate

Name (in capitals):

Mobile Number:

Address:

ANNEXURE - IV B

(FOR INSERVICE CANDIDATES)

ELIGIBILITY SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL SELECTION UNDER SERVICE QUOTA AS PER G.O.Ms.No.85, dt.20-07-2024, G.O.Ms.No.127, dt.01-10-2024 & G.O.Ms.No.99, dt.18-08-2025 OF GOVERNMNET OF ANDHRA PRADESH

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____ Son/Daughter of _____ is an In-service candidate and working as _____ under the administrative control of _____. He/She is already having _____ P.G. (Medical) Degree/Diploma (Specify the specialty/If no information write Nil). He/She is eligible for selection into any P.G. (Medical) Degree or Diploma (Strike off the one not applicable) under service quota for admission into P.G. (Medical) Courses for the year 2026-27 as per orders of Govt. of AP vide **G.O.Ms.No.85, HM & FW (C1) Dept., dt. 20-07-2024 and subsequent amendments mentioned above.** His/Her date of birth is _____ and he/she is having the leftover service of _____ as on **01-07-2026.**

SERVICE AS ON 01-07-2026:

Type of Service	**Place of Service**	**Service**		**Total Period of Service (DD/MM/YY)**
		From (DD/MM/YY)	**To (DD/MM/YY)**	
1) Tribal Service				
2) Rural Service				
3) Continuous Regular Service				

Date:

Signature of concerned Department Appointing Authority with Office Seal

ANNEXURE-B

BOND TO BE EXECUTED BY **ALL IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.85, HM&FW (C1) DEPARTMENT DT.20-07-2024 OF GOVERNMENT OF ANDHRA PRADESH

ANNEXURE TO G.O.Ms.No.85, HM&FW (C) DEPT., DT. 20.07.2024.

AGREEMENT BOND FOR THE CANDIDATES ADMITTED TO PG DEGREE/SUPER SPECIALTY MEDICAL COURSES FOR THE ACADEMIC YEAR _____ UNDER IN SERVICE QUOTA.

[Non-Judicial Stamped Paper Rs.100/-]

THIS DEED OF BOND IS EXECUTED AT _____ ON THIS DAY OF _____ By Name: S/O, D/O, W/O

Residing At (Permanent Address):

Mobile No:

Mail id:

Aadhar No:

PAN No:

IN FAVOUR OF DME/DPH&FW/DSH (Government of Andhra Pradesh)

WHEREAS the party of the FIRST PART has applied for admission to PG Degree course/ Super Specialty (Medical) course as in-service candidate and the party of the FIRST PART has been selected to the said course.

Whereas the party of the FIRST PART has agreed to serve the Government of Andhra Pradesh at any of the Government Institutions as ordered by the competent authority for a period of Ten (10) years after successful completion of the PG Degree/Super Specialty Course.

Whereas I am executing this bond with free will and consent without any coercion.

P.T.O.

THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART is agreed to pay a sum of Rs. 50,00,000 (Rupees Fifty Lakhs Only) in addition to pay & allowances received during the study period with interest as applicable as on the date to the Government. The same shall be recovered from the Party of the FIRST PART by initiating the provisions under RR Act, in the event of failure of bond conditions.

2. The Party of the FIRST PART is agreed to absorb into (or) utilized his/her services in DME/DSH or in any Government Health Institution, after completion of the course.

3. The Party of the SCOND PART shall monitor the performance in the P.G. Course. If the authority found that, the Party of the FIRST PART intentionally delayed in completing the course, the Party of the SECOND PART will initiate appropriate disciplinary proceedings against the Party of the FIRST PART.

4. The University is at liberty to cancel the PG Medical Degree/Super Specialty degree of the party of the FIRST PART in violation of bond conditions.

5. The DME/DPH & FW/DSH is at liberty to initiate the criminal prosecution in the event of his/her failure to comply the bond conditions.

6. The party of the FIRST PART shall complete the P.G. Degree Medical within a period of six (6) years from the date of admissions.

7. The Party of the FIRST PART is agreed to furnish two sureties who are income tax assesses and one of them shall be a regular Government employee to recover the bond amount from the sureties, in the event of his/her failure in bond conditions.

8. The Party of the FIRST PART shall keep the certificates in the custody of the sponsoring authority (DME/DPH&FW/DSH) till completion of Ten (10) years service

Signed on this _____ Day_____ Month _____ Year

THE PARTY OF THE FIRST PART

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

THE PARTY OF THE SECOND PART

(FOR ALL IN-SERVICE CANDIDATES)

DECLARATION

1. Name of the Candidate:
2. Name of the Institution and Place where he has worked last:
3. Designation:
4. Name of the PG Course/Super Specialty Course:
5. Duration of the course:
6. Date of Joining course:
7. Whether Service/Non Service Candidate:
8. If service candidate, date of joining in-service:
9. Total service prior to joining the course:
10. Permanent Address:

I hereby declare that the above particular are true to the best of my knowledge and I have executed the prescribed bond. If the particulars furnished above are incorrect and in the event of failure of fulfilling the bond conditions, I will abide to pay an amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) in addition to pay &allowances received during the study period along with the applicable interest.

Date:

Station:

SIGNATURE OF THE CANDIDATE

(FOR ALL IN-SERVICE CANDIDATES)

Dated:

SURETY FORM

[Non-Judicial Stamped Paper Rs.10/-]

I _____ S/O _____ executing this surety bond in favour of DME/DPH&FW/DSH with an undertaking to pay the amount of Rs.50,00,000/- (Rupees Fifty Lakhs only) and other amounts prescribed in the bond conditions by Dr.----------in the event of his/her failure to comply the bond conditions dt.----------.

The Authority is at liberty to recover the said amount by initiating provisions of RR Act.

SIGNATURE OF THE SURETY

Witnesses:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.